

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 578213

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
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11						
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14	1					
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22	1					
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31						
32		(1)				
33		(1)				
34		(1)				
35		(1)				
36		(1)				
37		(1)				
38		(1)				
39		(1)				
40	1					
41						
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49		(1)				
50		(1)				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		(1)				
52		(1)				
53		(1)				
54		(1)				
55		(1)				
56		(1)				
57		(1)				
58		(1)				
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97						
98						
99						
100						
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	58	↙		↙		↙
TOTAL CLAIMS	69					